

## Facility Monthly Report

**Volunteer Name** <sup>(X1)</sup>: \_\_\_\_\_ **Month** <sup>(X2)</sup>/**Yr** <sup>(X3)</sup>: \_\_\_\_\_

**Facility Name** <sup>(X4)</sup>: \_\_\_\_\_ **Total number of visits** <sup>(X5)</sup>: \_\_\_\_\_

**Total hrs spent in facility** <sup>(X6)</sup>: \_\_\_\_\_ **Facility contact name/title**: \_\_\_\_\_

Use residents' initials ONLY in documentation. Complete the report within the white space provided. Upon completion please mail this document to: Sarah Hinzman, VOP Coordinator, Iowa Department on Aging, **510 E. 12th St. Jessie Parker Bldg., Des Moines, IA 50319**. If you choose to enter the information on this report into the Online Data Entry System (ODS) at <https://vop.iowa.gov/>, you must shred this document upon completion.

Date of facility visits		Time of visit (please fill out the time you were at the facility, e.g., 9:15 – 10:30 am)	
<b>Total # of Residents visited?</b> <sup>(X7)</sup>			
<b>Total # of New Residents visited?</b> <sup>(X8)</sup>		<b>Resident Council meeting attended?</b> <sup>(X9)</sup> If yes, provide the date/time:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: Time:

**Describe facility concerns identified by residents or yourself as related to the following items: PLEASE NOTE:** The items listed in this section are not a “checklist”, but a guide for volunteer visits. It is **not necessary** to make notes or address each item individually (i.e., “Yes/No”), only those which are relevant upon each visit.

Section I. Environment/Safety		
	Item	Notes
<b>1.</b>	A. The current VOP and Residents' Rights posters are visibly posted <sup>(X11)</sup>  B. Noise levels and temperatures are comfortable throughout the facility <sup>(K77)</sup>  C. The facility, including residents' personal rooms and common areas, smell pleasant <sup>(K83)</sup>  D. The facility, including residents' personal rooms and common areas, are generally clean <sup>(K78a)</sup>  E. The facility is free of pests, such as bugs and rodents <sup>(K78b)</sup>  F. Facility equipment/buildings are in good condition (adequate lighting; protective measures in place for fire hazards, etc.) <sup>(K79a)</sup>  G. Hallways are free of obstacles (chairs, laundry carts, equipment) <sup>(K79b)</sup>  H. Exits are free of obstacles <sup>(K79c)</sup>	

Item		Notes
<b>1.</b>	I. Furnishings are adequate in number and in good condition) <sup>(K80a)</sup>	
	J. Adequate storage is available for residents' belongings and valuables <sup>(K80b)</sup>	
	K. The facility is decorated and seasonally appropriate <sup>(X12)</sup>	
	L. Residents' rooms are clean, well lit, odor free, and safe <sup>(K79d)</sup>	
	M. Residents' rooms are personalized and decorated <sup>(K79e)</sup>	
	N. Residents' personal charts, information, and records are securely placed out of public view <sup>(D32a)</sup>	

## Section II. Resident Care

Item		Notes
<b>2.</b>	A. Residents' attire is appropriate for the time of day/year, temperature <sup>(F45a)</sup>	
	B. Residents' clothes are clean and fit properly <sup>(F45b)</sup>	
	C. Residents' hair is clean, combed, age/culturally appropriate <sup>(F45c)</sup>	
	D. Residents appear fresh and clean, and do not have noticeable body order <sup>(F45d)</sup>	
	E. Residents are bathed in a timely manner <sup>(F45e)</sup>	
	F. Residents' hands and face are washed after meals; and hair, teeth and dentures appear to be clean <sup>(F45f)</sup>	
	G. Residents are changed out of soiled clothing, beds, chairs, or adult briefs in a timely manner <sup>(F49)</sup>	
	H. Residents are positioned properly in chairs/beds (not slouched or slumped) <sup>(F40)</sup>	
	I. Residents move freely without physical restraints <sup>(H61)</sup>	
	J. Residents are free of chemical/medicinal (drugs) used for restraining purposes <sup>(H62)</sup>	
	K. Residents' call lights are accessible <sup>(F41a)</sup>	

Item		Notes
2.	L. Residents' requests for call lights/assistance are answered and responded to in a timely manner (under 15 minutes) (F41b)	
	M. Residents are free of visible marks (e.g., bruises, scratches, bandages, sores) (F47)	

### Section III. Quality of Life

Item		Notes
3.	A. Activities are posted and legibly written (I64a)	
	B. Activities are appropriate for all residents (I64b)	
	C. Activities are conducted as posted (I64c)	
	D. Activities are scheduled daytime/evenings (I64d)	
	E. Residents have an activity schedule, know activities are available, and participate in activities (I64e)	
	F. The facility encourages social interaction (I64f)	
	G. Residents appear to get along with roommates; are free of conflict that may impact their quality of life (I66)	

### Section IV. Dietary

Item		Notes
4.	A. The current menu is posted (J71a)	
	B. Alternate choices/menu are offered (J71b)	
	C. Food is served as the menu states (J71c)	
	D. Food is adequate in quantity, quality, variation, condiments, utensils, and menu (J71d)	
	E. Food and beverages are served at proper temperature (J73)	
	F. The facility provides eating assistance, tools to assist residents in self-feeding, meal set-up (opens milk cartons, places trays within reach) (J69)	
	G. Residents appear to enjoy meals, finish portions and don't complain about food (J71e)	
	H. Dining area is comfortable/relaxing (K79d)	
	I. The facility allows residents the choice of where to eat (J71f)	
	J. Fresh bedside water is provided, within reach, and readily available to residents (J70)	
	K. Snacks are available to residents between meals and are offered frequently throughout the day (J72)	

## Section V. Residents' Rights

Item	Notes
<p>5. A. Staff knock prior to entering residents' rooms <sup>(D26a)</sup></p> <p>B. Staff identify self and/or wear nametags <sup>(M96)</sup></p> <p>C. Staff are courteous, polite, respectful and sensitive to residents <sup>(D26b)</sup></p> <p>D. Staff appear to be patient and understanding with residents, speak kindly to them, and are considerate to not talk about residents directly in front of them <sup>(D26c)</sup></p> <p>E. Residents' concerns and requests are acknowledged and taken seriously by facility staff <sup>(D33)</sup></p> <p>F. Residents appear to be comfortable sharing concerns without fear of reprisal or retaliation from the facility (threat of discharge, poor care, ignored requests/call lights, rough handling) <sup>(D34)</sup></p> <p>G. Residents are offered choice and exercise of rights (voting; speaking freely; access to smoking area, preference in sleeping/rising times, community activities, outdoors, TV choice) <sup>(D27)</sup></p> <p>H. Residents are provided access to phone and mail <sup>(D31a)</sup></p> <p>I. Residents are able to make phone calls and open their own mail without monitoring or interference from the facility <sup>(D31b)</sup></p> <p>J. Residents and couples are offered privacy <sup>(D31c)</sup></p> <p>K. Residents are given privacy in treatment and confidential residential information is securely stored and protected <sup>(D32b)</sup></p> <p>L. Residents are able to leave or go outside the facility if they wish <sup>(D25)</sup></p> <p>M. Residents are given access to visitors without interference from the facility <sup>(B9)</sup></p> <p>N. The facility supports Resident Councils <sup>(L94)</sup></p> <p>O. The facility employs a sufficient number of staff to meet residents' needs <sup>(M97)</sup></p> <p>P. Staff interact with residents while they're going about their job <sup>(D26d)</sup></p> <p>Q. Staff communicates properly with residents who are hearing impaired, visually impaired or non-English speaking? <sup>(M96)</sup></p>	



<p><b>Section VI. Notes to Local Long-Term Care Ombudsman</b></p> <p><b>PLEASE NOTE: It is not mandatory to complete this section. If you wish, this space can be used to communicate to the Local LTC Ombudsman specific observations or issues that were surprising, of particular concern, repeat concerns, positive occurrences, etc.</b></p>
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## Section VII. Resident Visits and Comments

### Resident #1

Resident consents to disclosing identifying information to POC and other relevant government agencies?

☐ Yes  
☐ No

### Resident #2

Resident consents to disclosing identifying information to POC and other relevant government agencies?

☐ Yes  
☐ No

### Resident #3

Resident consents to disclosing identifying information to POC and other relevant government agencies?

☐ Yes  
☐ No

### Resident #4

Resident consents to disclosing identifying information to POC and other relevant government agencies?

☐ Yes  
☐ No

### Resident #5

Resident consents to disclosing identifying information to POC and other relevant government agencies?

☐ Yes  
☐ No

### Resident #6

Resident consents to disclosing identifying information to POC and other relevant government agencies?

☐ Yes  
☐ No

**Volunteer Ombudsman may record notes regarding items they wish to address on future visits. This information is to remain confidential, using residents' initials only, and kept in a secure location. It does not need to be mailed to the VOP Coordinator along with the facility report.**